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Fill	in this information to identify your c	ase:									
De	btor 1 Theodious I	Ellington			_						
1 -	ouse, if filing)										
Un	ited States Bankruptcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA	A	_						
	se number 17-14571		_			Check	if this is:				
(If k	nown)						amende	J			
									g postpetition Illowing date:		
0	fficial Form 106l					MM / DD/ YYYY					
S	chedule I: Your Inc	ome								12/1	
atta	cuse. If you are separated and you che a separate sheet to this form. Tt 1: Describe Employment Fill in your employment										
١.	information.		Debtor 1	Debtor 1			Debtor 2 or non-filing spouse				
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed				☐ Employed				
			☐ Not employed				☐ Not employed				
	Include part-time, seasonal, or	Occupation	Retired								
	self-employed work.	Employer's name									
	Occupation may include student or homemaker, if it applies.	Employer's address									
		How long employed t	here?				_				
Pa	rt 2: Give Details About Mor	nthly Income									
	imate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to r	report for	any	line, write S	\$0 in the	space. Inc	lude your no	n-filing	
	ou or your non-filing spouse have more space, attach a separate sheet to		ombine the informatio	on for all e	empl	oyers for th	nat perso	n on the lir	nes below. If	you need	
						For Debt	tor 1		otor 2 or ng spouse		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$		0.00	\$	N/A	-	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A		
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	(0.00	\$	N/A		

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Deb	tor 1	Theodious Ellington	-	С	ase number (if known)	17-14	571		
					For Debtor 1	For D	ebtor	2 or	ı
	0	ve Pero A home			Φ 2.22		iling s	pouse	
	Cop	by line 4 here	4.		\$0.00	\$		N/A	-
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 0.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.		\$ 0.00	\$		N/A	-
	5c.	Voluntary contributions for retirement plans	5c.		\$ 0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d.		\$0.00	\$		N/A	_
	5e.	Insurance	5e.		\$0.00	\$		N/A	_
	5f.	Domestic support obligations	5f.		\$	\$		N/A	_
	5g. 5h.	Union dues Other deductions. Specify:	5g. 5h.		\$ <u>0.00</u> \$ <u>0.00</u>	*—		N/A N/A	_
^		· · · · · · · · · · · · · · · · · · ·	_						-
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ <u>0.00</u>	\$		N/A	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	5	\$0.00	\$		N/A	=
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	L	\$ 0.00	\$		N/A	
	8b.	Interest and dividends	8b.		\$ 0.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	·.	\$ 0.00	\$		N/A	-
	8d.	Unemployment compensation	8d.		\$ 0.00	\$		N/A	_
	8e.	Social Security	8e.		\$ 1,401.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$0.00 \$1.679.80	\$		N/A	_
	8g. 8h.	Pension or retirement income Other monthly income. Specify:	8g. 8h.		\$1,679.80 \$0.00	*—		N/A N/A	_
	OII.	Other monthly income. Specify:	_ 011.	. —	Ψ	ΤΨ		IN/A	-
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	3,080.80	\$		N/A	A
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	3,080.80 + \$		N/A	= \$	3,080.80
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		· —				' -	0,000.00
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not excity:	depe			•		∍ J. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certaillies					12.	\$	3,080.80
13.	Do	you expect an increase or decrease within the year after you file this form	?					Combine month!	ned y income
		No.							
		Voc Evolore I							

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Eill	in this informa	tion to identify yo	our case.			ı		
	tor 1					Ol	ata Managara	
Dep	IOI I	Theodious E	ilington			Cne ■	ck if this is: An amended filing	
Deb	tor 2							wing postpetition chapter
(Spo	ouse, if filing)				_		13 expenses as of	the following date:
Unit	ed States Bankr	ruptcy Court for the	EASTE	RN DISTRICT OF PENNS	YLVANIA		MM / DD / YYYY	
Cas	e number 17	7-14571						
(If kı	nown)							
\bigcap	fficial Fo	rm 106J				-		
		J: Your	Evnor	1606				12/1
Be	as complete a ormation. If m mber (if know	and accurate as	s possible. eded, atta ry question	If two married people ar				or supplying correct
1.	Is this a joir		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	■ No. Go to		in a separa	ate household?				
	□ N □ Y	-	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	otor 2.	
2.	Do vou have	e dependents?	■ No					
_	Do not list Do Debtor 2.	•	□ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state dependents							□ No □ Yes
3.	expenses of	oenses include f people other t d your depende	han 👝	No Yes				□ Tes
exp app Incl	imate your ex enses as of a dicable date.	a date after the less paid for with	our bankrubtc	uptcy filing date unless y y is filed. If this is a supp government assistance it	lemental <i>Schedule</i> f you know			
the value of such assistance and have included it on Schedule I: Your Income (Official Form 106l.)				Your expenses				
4. The rental or home ownership expenses for your residence. Include first mortga payments and any rent for the ground or lot.						e 4. \$.	2,000.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. S	·	0.00
	•	rty, homeowner's				4b. \$		0.00
		maintenance, re owner's associat	•	ıpkeep expenses dominium dues		4c. 9 4d. 9		0.00
5.				our residence, such as ho	me equity loans	5. 9	·	0.00

Debt	or 1 Theodious Ellington	Case num	ber (if known)	17-14571
6.	Utilities:			
	6a. Electricity, heat, natural gas	6a.	\$	0.00
	6b. Water, sewer, garbage collection	6b.	\$	0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	100.00
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies		\$	155.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	20.00
10.	Personal care products and services	10.	\$	100.00
	Medical and dental expenses	11.		300.00
	Transportation. Include gas, maintenance, bus or train fare.			
	Do not include car payments.	12.	\$	150.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
14.	Charitable contributions and religious donations	14.	\$	50.00
15.	Insurance.		-	
	Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	*	90.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	0.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	0.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as			
	deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.		\$	0.00
	Specify:	19.		
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schee			
	20a. Mortgages on other property	20a.		0.00
	20b. Real estate taxes	20b.		0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00
21.	Other: Specify:	21.	+\$	0.00
22.	Calculate your monthly expenses			_
	22a. Add lines 4 through 21.		\$	3,065.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	3,065.00
20	Out of the control of			
23.	Calculate your monthly net income.	00-	•	0.000.00
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	*	3,080.80
	23b. Copy your monthly expenses from line 22c above.	23b.	-\$	3,065.00
	One Outlood was weathly and			
	23c. Subtract your monthly expenses from your monthly income.	23c.	\$	15.80
	The result is your monthly net income.	200.		
24.	Do you expect an increase or decrease in your expenses within the year after you For example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage? No.			ease or decrease because of a
	Yes. Explain here:			